

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6498

## CERTIFICATE OF DEATH

83a  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

St. Marys  
Leonardtown Maryland

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Leonardtown Maryland

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

St. Marys

City or town.....

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## 3. (a) FULL NAME

Mary Elizabeth Butler

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, married, widowed, or divorced \_\_\_\_\_

Female Colored Widowed

6. (b) Name of husband or wife.....

Isiah Butler

7. Birth date of deceased (mo., day, yr.) .....

6. (c) If alive, give age.....

years

May 1 - 1878

Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

69 7 29 . . . . .

9. Birthplace.....

Bryantown Charles Maryland

(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business.....

same

12. Name.....

Joseph Sweetney

13. Birthplace.....

Charles Co

14. Maiden name.....

Maeilda Gates

15. Birthplace.....

Charles Co

16. Informant.....

Savella Brown

Address.....

Leonardtown Md

17. Burial, cremation, or removal? (Which?)

Burial

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

St. Marys Cemetery

Location.....

Bryantown Maryland

18. Funeral director.....

W.C. Matherly Sons

Address.....

Leonardtown Maryland

19. (Date rec'd by registrar)

6/30/48

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 29 1948 at 4:51 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1948 to June 29 1948

and that I last saw her alive on June 29 1948

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

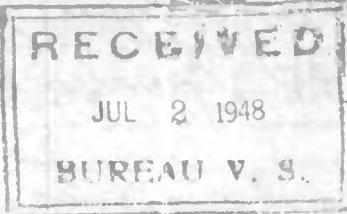
Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6499

932

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County

St. Mary's

City or town

Leonardtown Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 hours

Hospital, institution, or street address where death occurred:

St. Mary's Hospital Leonardtown Md.

How long in hospital or Institution?

8 hours

## 3. (a) FULL NAME

Louis . Campbell

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

color

Widowed

6.(b) Name of husband or wife

Maude Campbell

7. Birth date of deceased (mo. day. yr.)

6(c) If alive, give age years

June 13 - 1885

8. AGE:

Years

Months

Days

If less than one day hrs. min.

63

9. Birthplace

(Town, county, and state)

Valley Lee St. Mary's Maryland

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Richard Campbell

13. Birthplace

St. Mary's Co

14. Maiden name

Ellen Carroll

15. Birthplace

St. Mary's Co

16. Informant

Mrs. Helen Dickens

Address

Piney Point Maryland

17. Burial

Date thereof June 17 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. George Cemetery

Location

Valley Lee Maryland

18. Funeral director

W. C. Martinson Son

Address

Leonardtown Md

19. Date rec'd by registrar

6-15-48

(Date rec'd by registrar)

off Beatty Mds

Local

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Rural Valley Lee

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 15 1948 at 6:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1948 to June 15 1948

and that I last saw him alive on June 14 1948

Immediate cause of death

Chronic myocarditis

absentee death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

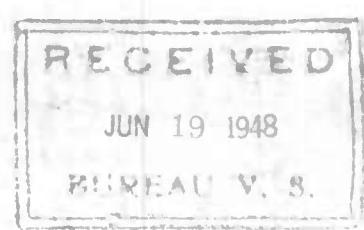
Injured at work?

23. SIGNATURE

E. X. Thompson M. D. or other

Address Lexington Park Md. Date signed 6/15/48

Local



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

65-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County

St. Marys  
near Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 months

Hospital, institution, or street address where death occurred:

Leonardtown F. D. I. Md

How long in hospital or institution?

## 3. (a) FULL NAME

James J. Cooper

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White married

6.(b) Name of husband or wife

Sarah J. Cooper

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age

71

years

Aug 28 - 1862

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Holly Wood St. Marys Maryland

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

same

MOTHER FATHER

12. Name

James Cooper

13. Birthplace

St. Marys Co

14. Maiden name

Henecetta Joy

15. Birthplace

St. Marys Co

16. Informant

Carl Cooper

Address

Leonardtown Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 19-1948

(month) (day) (year)

Cemetery or crematory

St. Alphonsus

Location

Leonardtown Md

18. Funeral director

W. C. Mattingly Sons

Address

Leonardtown Md

19. 6/18 48

(Date rec'd by registrar)

Cause of death

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

St. Marys

City or town

near Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 16 1948 at 6:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

you 1947 to June 16 1948

and that I last saw him alive on June 16 1948

Immediate cause of death

Cardiovascular disease

DURATION

5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

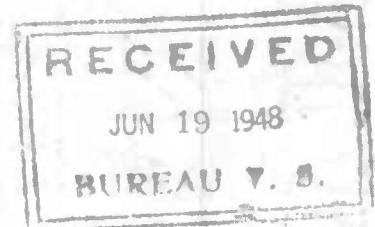
23. SIGNATURE

Frances F. Ferrell

M. D. or other

Address

Leonardtown Md Date signed 6-17-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6501

## CERTIFICATE OF DEATH

Reg. Dist. No. 183

**M** PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**I**

VS A15 9-45-15M

## 1. PLACE OF DEATH:

County

City or town

*St. Marys  
Bush Wood Maryland*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

## 3. (a) FULL NAME

*Johnson  
William Farrell*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male	white	married
------	-------	---------

## 6. (b) Name of husband or wife

*Martha Louise Farrell*

## 7. Birth date of deceased (mo., day, yr.)

*July 27 1899*

6. (c) If alive, give age 44 years

## 8. AGE:

Years	Months	Days	If less than one day
48	10	7	hrs. min.

## 9. Birthplace

*Bush Wood St. Marys Maryland*  
(Town, county, and state)

## 10. Usual occupation

*waterman*

## 11. Industry or business

*same*

## 12. Name

*James Edward Farrell*

## 13. Birthplace

*St. Marys Co*

## 14. Maiden name

*Mary Cleamore Farrell*

## 15. Birthplace

*St. Marys Co*

## 16. Informant

*Mr. Martha Louise Farrell*

## Address

*Bush Wood Maryland*

## 17. Burial

Date thereof *June 7-1948*  
(month) (day) (year)

## Cemetery or crematory

*Sacred Heart cemetery*

## Location

*Bush Wood Maryland*

## 18. Funeral director

*W. C. Maitland Sons*

## Address

*Leonardtown Maryland*

## 19. Date rec'd by registrar

*6/7 1948*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *St. Marys*

City or town *Bush Wood* (If outside city or town limits, write RURAL and give nearest town)Street No.  (If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *June 5 1948*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dead when first seen*and that I last saw him *alive* on *19*

Immediate cause of death

*Diphylia*  
Due to *Drowning*

Due to 

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *overhead* Date of *6/5/48*

Where did injury occur? *Bush Wood* (City or town) *St. Marys* (County) *Md.* (State)

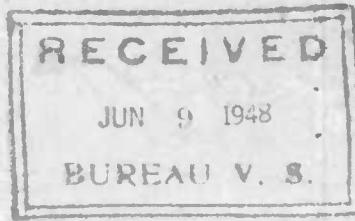
Injured at home, farm, industry, public place (where?) *Leonardtown*

Means of injury *Drowning* Injured at work? *yes*

## 23. SIGNATURE

*Jane M.D.* M. D. or other *Leonardtown Md.* Date signed *6/6/48*

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6502

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County... St. Mary's  
City or town... Rural, Scotland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? .....

## 3. (a) FULL NAME

Silas Gilbert Hooper

4. Sex Male Color or race White 6. (a) Single, married, widowed, or divorced married

Male White married

6. (b) Name of husband or wife Edna C. Hooper

7. Birth date of deceased (mo., day, yr.) Sept. 29 - 1886 6. (c) If alive, give age 52 years

8. AGE: Years Months Days If less than one day 61 8 24 hrs. min.

9. Birthplace Wallville Calvert, Maryland (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business same

12. Name Silas S. Hooper

13. Birthplace Calvert Co., Md.

14. Maiden name May Allen

15. Birthplace Calvert Co., Md.

16. Informant Mrs. Edna C. Hooper

Address Scotland Maryland

17. Burial Date thereof June 26, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michaels

Location Ridge, Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown, Md.

19. Date rec'd by registrar June 24, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Rural, Scotland

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 1948 to June 23 1948 and that I last saw him alive on June 20 1948

Immediate cause of death

Cerebral hemorrhage

Due to

General arteriosclerosis

Duration 3 hours

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of ...

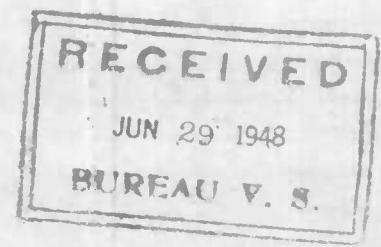
Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE P. J. Beary M.D. M. D. or other

Address Great Mills, Md. Date signed 6-24-48





ME

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6503

83a

Reg. Dist. No. 281

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

St. Mary's

City or town

Ridge Maryland

(If outside city or town limits, write RURAL and give nearest town)

38 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Ridge Maryland

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph Oliver Lumpkins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 19 - 1874

6. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
74	2	15	hrs. min.

9. Birthplace

Great Mills St. Mary's Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

None

12. Name

Richard Henry Lumpkins

13. Birthplace

St. Mary's Co

14. Maiden name

Martha E. Dement

15. Birthplace

St. Mary's

16. Informant

Cecil Lumpkins

Address

Ridges. Maryland

17. Burial

Date thereof June 3 - 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Poplar Hill Cemetery

Location

Valley Lee Maryland

18. Funeral director

W. C. Mattingley Sons

Address

Georgetown Maryland

19. b - 3 - 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County St. Mary's

City or town

Ridge Rural

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 1948 to June 2 1948

and that I last saw him alive on June 1st 1948

Immediate cause of death

Central hemorrhage

Due to

Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

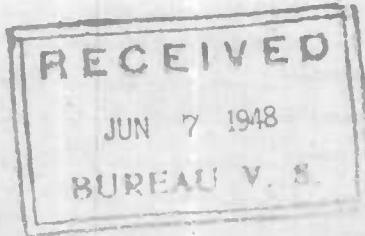
Injured at work?

23. SIGNATURE

O. Beary M.D.

M. D. or other

Address Great Mills, Md. Date signed 6-4-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6504

## CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:  
County.....  
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

3 yrs.

How long in hospital or institution?

3 yrs.

3. (a) FULL NAME

4. Sex      5. Color or race      6. (a) Single, married, widowed, or divorced

male      white      married

6. (b) Name of husband or wife.....

Nina S.

7. Birth date of deceased (mo., day, yr.)

Dec 17 1862.

6. (c) If alive, give age..... years

73

8. AGE:      Years      Months      Days      If less than one day

85      6      0      hrs.      min.

9. Birthplace.....

Ottawa  
(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

MOTHER FATHER

12. Name..... John S. Mac Connell

13. Birthplace..... Canada

14. Maiden name..... Margaret Mac Donald

15. Birthplace..... Scotland

16. Informant..... Margaret Mac Mathis

Address..... Charlotte Hall, Md

Buried.....

(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Wargreen

Location..... Brooklyn - N. Y.

18. Funeral director..... W.W. Chambers

Address..... 517-11<sup>th</sup> St, SE (Washington, D.C.)

19. Date rec'd by registrar.....

Eleanor S. Carter

Date rec'd by registrar.....

June 22 1948

Registrar.....

VS A15 9-45-15 M

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland      County..... St. Mary's

City or town..... Charlotte Hall, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 22 1948 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18 1948 to June 22 1948

and that I last saw H.J. M. alive on June 22 1948

Immediate cause of death..... Cardiac Sclerosis

Heart Disease (Left Ventricle)

Fracture Failure

Duration..... 6 Days

Due to..... Generalized Asteroid Sclerosis

Undetermined

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)      (County)      (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... John N. Griffen, M.D.

M. D. or other

Address..... Hughesville, Md.

Date signed..... 6/22/48

RECEIVED

JUN 24 1948

BUREAU Y. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6505

## CERTIFICATE OF DEATH

74a  
Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County *St. Mary's*City or town *Leonardtown*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *5 days*

Hospital, Institution, street address where death occurred:

*St. Mary's Hospital*How long in hospital or institution? *5 days*

## 3. (a) FULL NAME

*Frances Roy Mc Neal*

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Male white Single*

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Sept. 19 1927*

6.(c) If alive, give age years

8. AGE: Years *20* Months *8* Days *17* If less than one dayhrs. *5* min. *0*9. Birthplace *St. George Island, Md.*  
(Town, county, and state)10. Usual occupation *Painter*

## 11. Industry or business

12. Name *Andrew James Mc Neal*13. Birthplace *Robby, Ya.*14. Maiden name *Lena Sibra*15. Birthplace *St. George Island, Md.*16. Informant *Andrew J. Mc Neal*Address *Piney Point, Md.*17. Burial *Burial* Date thereof *June 7, 1948*

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or location *St. Francis Cemetery*Location *St. Georges Island, Md.*18. Funeral director *W. C. Mattingly Sons*Address *Leonardtown, Md.*19. June 6 1948  
(Date rec'd by registrar)P. J. Beary M.D.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *St. Mary's*City or town *Rural, Piney Point*  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *June 4 1948* at *9:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*May 26 1948* to *June 4 1948*  
and that I last saw him alive on *June 4 1948*

Immediate cause of death

*Kidney*

Due to

Due to

Other conditions *Acute tonsillitis* Duration *5 days*

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Date of

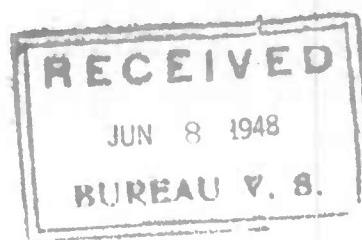
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

*P. J. Beary M.D.* M. D. or other  
Address *Great Mills, Md.* Date signed *6/6/48*



Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6506

FILM NO. G 116 JUN 21 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 281

94a

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harold S. Comeroy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w single

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 24, 1889

8. AGE:

Years

Months

Days

If less than one day

59

57

1

14

hrs.

min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

none

11. Industry or business

James S. Comeroy

MOTHER FATHER

12. Name

Lingenier

13. Birthplace

Maryland

14. Maiden name

Mary S. Comeroy

15. Birthplace

Maryland

16. Informant

Gentraude Laddock

Address

Great Mills, Md.

17. Burials

Holy Face

Date thereof

6 - 9 - 48  
(month) (day) (year)

Burial, cremation, or removal. Which?

Cemetery or crematory

Great Mills

Location

Leonardtown

18. Funeral director

O. B. Johnson

Address

Leonardtown

19. 6 - 8 - 1948  
(Date rec'd by registrar)

P. G. Beary, M.D.  
Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Count

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1946 to June 1948

and that I last saw him alive on June 5 1948

Immediate cause of death

Coronary sclerosis

Due to

General arterioclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O. B. Bean, M.D.

M. D. or other

Address Great Mills, Md. Date signed June 8/48

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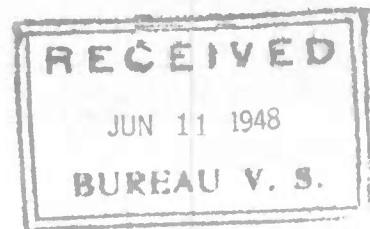
MARGIN RESERVED FOR BINDING

I

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADEING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



PLEASE WRITE PLAINLY,  
WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6507

173

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County..... St. Marys

City or town..... US NAS, Patuxent River, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 8 months

Hospital, institution, or street address where death occurred:

Chesapeake Bay

How long in hospital or institution?..... None

## 3. (a) FULL NAME

RAMSAY, Thomas Wesley

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife..... Myrtle Alchia Ramsay

6.(c) If alive, give age Not stated years

7. Birth date of deceased (mo. day. yr.)..... January 29, 1918

8. AGE: Years Months Days If less than one day  
30 4 26 hrs. min.9. Birthplace..... Cohay, Mississippi  
(Town, county, and state)

10. Usual occupation..... U.S. Navy

## 11. Industry or business

MOTHER FATHER 12. Name..... Inman Wesley Ramsay

13. Birthplace..... Unknown

14. Maiden name..... Unknown

15. Birthplace..... Unknown

16. Informant..... U.S. Naval Records

## Address

17. Cremation..... Date thereof..... 8/11/48  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Cedar Hill

Location..... Washington, D.C.

18. Funeral director..... J. P. J. Robinson

Address..... Leonardtown, Md.

19. 8/11/48 Date rec'd by registrar

Counselor

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother  
State..... Mississippi County.....

City or town..... Perkinston

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Route #2

(If rural, give LOCATION)

2.(a) If veteran, name war..... World War II

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 25 June 1948 at 0946 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 24 June 1948, 10 A.M.

Immediate cause of death..... INJURIES, MULTIPLE, EXTREME

DURATION

Due to..... Crash of aircraft

Due to.....

Only small fragments of the body, amounting to 18½ lbs. recovered

Held at Disp. US NAS, Patuxent River,

Md. pending completion of salvage operations.

Major findings of operations.....

Date of op. ....

Autopsy results..... None performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of 6-25-48

Where did injury occur?..... US NAS, Patuxent River, Md. (City or town) (County) (State)

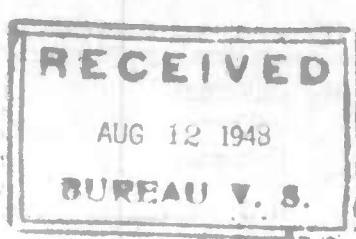
Injured at home, farm, industry, public place (where?)

Means of injury..... Aircraft accident Injured at work? Yes

23. SIGNATURE..... R.R. BONAR, LCDR MC USN

M.D. or other

Address..... NAS, Patuxent River, Md. Date signed 6-25-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6508  
838

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

St. Marys Maryland

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

30 year

Hospital, institution, or street address where death occurred:

Compton Maryland

How long in hospital or institution?.....

## 3. (a) FULL NAME

Eliza C. Roberts

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White married

6. (b) Name of husband or wife.....

Charles B. Roberts

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age.....

years

July 22 1873

8. AGE: Years Months

Days

If less than one day

7 4 10 10 hrs. min.

9. Birthplace.....

(Town, county, and state)

Flatridge, Virginia Va.

10. Usual occupation.....

House wife

11. Industry or business.....

Same

MOTHER FATHER

12. Name.....

Frederick Roberts

13. Birthplace.....

Flatridge Va

14. Maiden name.....

Theresa Perkins

15. Birthplace.....

Flatridge Va

16. Informant.....

Mr. Charles B. Roberts

Address.....

Compton Maryland

17. Burial, cremation, or removal (Which?)

Date thereof.....

(month)

(day)

(year)

Burial

Cemetery or crematory.....

St. Paul's Cemetery

Location.....

Leonardtown Maryland

18. Funeral director.....

W. C. Maltinby Sons

Address.....

Leonardtown Maryland

19. (Date rec'd by registrar)

6/3 48

Date.....

Quebec

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Leonardtown 9 H. D. # 2

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 1 1948 at 3:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1948 to June 1st 1948

and that I last saw her alive on June 1st 1948

Immediate cause of death.....

Aphoplexy Cerebral

DURATION

6 days

Due to.....

Arterial Sclerosis

2 yrs

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE.....

Francis G. Greenwell

M. D. or other

Address..... Leonardtown Md Date signed 6-1-48

RECEIVED

JUN 4 1948

BUREAU V. S.